



2490

CHRONOLOGICAL RECORD OF MEDICAL CARE
Smallpox Vaccination Routine Follow up Note

1. Today's Date (M M / D D / Y Y Y Y)

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2. Smallpox Vaccination Date (MM/DD/YYYY)

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3. Did you put a bandage on the vaccination site? ☐ Yes ☐ No

3a. IF YES: How many days did you use a bandage?

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3b. Did you see the vaccination site every day or two? ☐ Yes ☐ No

4a. Vaccination site appearance today (Check all that apply)

- ☐ local redness ☐ scab or crust
☐ bump ☐ local itching
☐ reddish blister ☐ local rash
☐ whitish blister ☐ nothing

4b. Vaccinee recall of appearance since vaccination (Check all that apply)

- ☐ local redness ☐ scab or crust
☐ bump ☐ local itching
☐ reddish blister ☐ local rash
☐ whitish blister ☐ nothing seen
☐ patient did not remember/observe

4c. Check anything else experienced after the smallpox vaccination (Check all that apply)

- ☐ headache ☐ muscle aches
☐ body rash ☐ feeling lousy
☐ itchy all over ☐ swollen lymph nodes
☐ eye infection ☐ bandage reaction
☐ fever (temp in box) ☐ other (describe in box)

5. Any problems following vaccination? (Check all that apply)

- ☐ Restricted activity How many days?

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☐ Limited duty How many days?

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☐ Missed work How many days?

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☐ Took medication (list in box) How many days?

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☐ Visited clinic or emergency room
☐ Hospitalized
☐ Other (describe in box)

6. Note any other reactions, problems or medications following vaccination:

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7. Do you believe anyone might have become ill as a result of your immunization? ☐ Yes ☐ No ☐ Unsure

If YES or UNSURE, describe in box (or on continuation page)

8. Provider evaluation and action (check all that apply):

- ☐ Fully Immunized ("major reaction," "take")
☐ Equivocal response
☐ No response
☐ Re-vaccination indicated
☐ Follow-up for events described
☐ Medication prescribed (list)
☐ Consultation (Allergy/Immunology/Dermatology/other _____)
☐ No further follow up planned
☐ Other action (describe in box) Report to VAERS if warranted.

Provider Notes:

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Provider Signature and Printed Name/Stamp:

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Patient's Identification (May use mechanical imprint)

Last Name

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First Name

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MI

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Social Security Number

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RECORDS MAINTAINED AT:

RANK/GRADE
SEX
DATE OF BIRTH
SPONSOR NAME
(or Sponsor SSN)
RELATIONSHIP TO SPONSOR
(or FMP)
ORGANIZATION
STATUS
DEPART./SER